Application or Docket Number

041-

Ellective October 1, 2000										- 8	8983	7	
		CLAIMS A	S FILED - (Column					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					_		R	ATE	FEE		RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•		×	\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		•		X	X40=		OR	X80=		
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT					+135=			+270=		
• If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2		TAL		OR OR	TOTAL		
CLAIMS AS AMENDED - PART II										Un	OTHER	THAN	
	(c)	(Column 1)		(Colu		(Column 3)	SN	ALL	ENTITY	ОR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	, R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 5	Minus	. 0	20	- /	X	9=		ÓR	X\$18=	<i>J</i> .	
	Independent	• 3	Minus	***	3	= /	X	40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=		
						1	<u> </u>	TOTAL	-/		TOTAL		
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDI	T. FEE	<u> </u>	ION.	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X	9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	T CL AIAA	<u> -</u>	X-	10=		OR	X80=		
	111107711202	ATTAIL OF THE		CHOCK	CLAIN		+1	35=		OR	+270=		
								TOTAL		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)						, in the second	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R/	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Xs	9=		OR	X\$18=		
	Independent	•	Minus	•••		2	X4	10=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┝╌			OR			
* If the entry in column 1 is less than the entry in column 2 write % in column 3											+270=		
••	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/00)

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